

Employment History (list present or most recent positions first)

1. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			
2. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			
3. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			

May we ask your present employer for a reference?	YES	NO
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References / Previous Supervisors		
Name	Occupation	Address, Phone Number, and/or Email Address

Do you know anyone working for Allen Marine?

Do you have any Sea Time not detailed above?	YES	NO
If yes, please describe vessel type and duties below:		

Please Read Carefully

I hereby certify that to the best of my knowledge and belief the answers given by me to the forgoing questions and all statements made by me in the application are correct.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for any term of employment or for the providing of any benefit.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT ALLEN MARINE IS AN 'AT-WILL' EMPLOYER AND ANY EMPLOYMENT IS VOLUNTARILY ENTERED INTO AT THE MUTUAL CONSENT OF THE EMPLOYEE AND THE COMPANY. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINED PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

This application form complies with all Human Rights Legislation. This application shall be considered active for sixty (60) days.

I understand that the Company promotes a drug-free working environment and that I will as a condition of employment or continued employment, be required to pass a drug screen and be enrolled into the random drug test pool. I also understand that my employment may be denied or terminated for unfavorable results of such examination or testing.

Date: _____
(mm/dd/yy)

Name: _____